Albert Chin et al.

Serial No.: Unknown

Filing Date: July 3, 2001

For: MEDICAL DEVICE WITH EXTRUDED MEMBER HAVING HELICAL

ORIENTATION

Docket No.: 1001.1468101

TRANSMITTAL SHEET

The Assistant Commissioner for Patents Washington, D.C. 20231

Sir:

CERTIFICATE UNDER 37 C.F.R. 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EL837558222US, in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C., 20231 on this 3rd day of July, 2001.

By Jolene Alger

We are transmitting herewith the attached Patent Application including the following:

weare	transmitting herewith the attached rate of reparement in the attached rate of repareme
[X]	18_ sheets of specification.
[X]	27 claims.
[X]	_1_ sheet of Abstract.
[X]	4_ sheets of informal drawings.
[X]	Executed Declaration and Power of Attorney.
[]	A verified statement(s) to establish small entity status under 37 C.F.R. 1.9 and/or 1.27 is enclosed.
/ [X]	An Assignment of the invention <u>SciMed Life Systems</u> , <u>Inc.</u> is being filed contemporaneous with this patent application.
[]	A certified copy of a application, serial no, filed, 19_, the right of priority of which is claimed under 35 U.S.C. 119.

CLAIMS AS FILED							
	(1)	(2)	SMALL I	ENTITY	OTHER		
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee	
BASIC FEE				\$345		\$710	
TOTAL CLAIMS	27-20 =	7	x9=	\$	x18=	\$126	
INDEPENDENT CLAIMS	3-3 =	1	X40=	\$	X80=	\$0	
() MULTIPLE DEPENDENT CLAIM PRESENTED			+130=	\$	+260=	\$	
TOTAL			\$		\$836.00		

*If the difference in Column (1)	is less than zero,	enter "0" in Column 2.
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[] Other	[]	Other_	
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[X] A check in the amount of \$_836.00 is enclosed.

[XXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: // / //King

Reg. No. <u>36,433</u>

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